

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32405

FILED SEP 24 1951

BIRTH NO.		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6284		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY OR TOWN Rayborn, Montgomery Twp.		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY OR TOWN Rayborn, Montgomery Township		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) Rural STAR Route			
3. NAME OF DECEASED (Type or Print) HENRY		a. (First) B. (Middle) SNIDER		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 26, 1867	
9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months 10		11. UNDER 1 YEAR Days 7		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY --			
11. BIRTHPLACE (State or foreign country) Missouri D				12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Henry Snider		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Georgia Ellen Snider			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Dobbs, Rayborn, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Branchial Pneumonia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Decompensation</i> DUE TO (c) <i>Chronic Myocarditis</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 18, 1951, to Sept 2, 1951, that I last saw the deceased alive on Sept 2, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R.E. Mitchell		(Degree or title) D.O. 2 Mtn. Grove, Missouri		23b. ADDRESS		23c. DATE SIGNED Sept 10, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Manes Cemetery		24d. LOCATION (City, town, or county) (State) Manes, Missouri	
DATE REC'D BY LOCAL REG. Sept. 20, 1951		REGISTRAR'S SIGNATURE E.B. Garner by Jeanne T. Hiley		25. FUNERAL DIRECTOR'S SIGNATURE RUSSELL W. BARBER, MTN. GROVE, MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 951-91
Date Filed Sept. 22, 1951
HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Wm. Barber

Licensed Embalmer No. 3848

P. O. Address Wm. Barber, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.